



VacTrAK Support
3601 C Street – Suite 540
Anchorage Alaska 99503
Tel 907.269.0312 / 866.702.8725
Fax 907.562.7802

Change of Contact Request

The **Facility / IRMS (circle one)** listed below is requesting a modification to their contact information as indicated. An administrative signature will indicate compliance with the security agreement:

Type of contact to change: ☐ Administrator ☐ Technical ☐ Quality Assurance
Administrator Contact – person responsible for VacTrAK related issues & authorization of users
Technical Contact – individual who assists provider with technical support or assistance
Quality Assurance Contact – party to receive notification of records needing provider resolution

Previous Contact (For verification purposes):

<hr/>		<hr/>	
<i>Name</i>		<i>Email Address</i>	
Should this user be inactivated in VacTrAK? <input type="checkbox"/> Yes		<input type="checkbox"/> No	

New Contact:

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Credentials</i>	<i>VacTrAK Login ID</i>

<hr/>	<hr/>
<i>Facility/ IRMS Name</i>	<i>Phone</i>

<hr/>	<hr/>
<i>Facility/ IRMS Address</i>	<i>Email Address</i>

I have read the Provider Usage Agreement and Roles and Responsibilities and understand that I am responsible for the actions of the staff member listed above. I am responsible to change our VacTrAK Contact within 3 days of termination of employment. I am authorized to accept this responsibility on behalf of my health care facility or organization.

<hr/>	<hr/>
<i>Facility/ IRMS Name</i>	<i>IRMS #</i>

<hr/>	<hr/>
<i>Facility/ IRMS Address</i>	<i>Contact Email</i>

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<i>Administrator for VacTrAK (please print)</i>	<i>Administrator Phone Number</i>

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<i>Administrator for VacTrAK (signature)</i>	<i>Administrator Email</i>